

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

REC'D JUN 8 1939

19841

1. PLACE OF DEATH
 County St. Louis Registration District No. 784
 Township _____ Primary Registration District No. 700
 City St. Louis, Wellston (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 978

2. FULL NAME BOSS, Miss Ada
 (a) Residence, No. St. Vincent's Sanitarium, Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unkn</u>				
7. AGE 58	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or, _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation 1	
12. BIRTHPLACE (CITY OR TOWN) <u>Arkansas</u> , (STATE OR COUNTRY)				
FATHER	13. NAME <u>A. K.</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Ark.</u> , (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>W. H.</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Ark.</u> , (STATE OR COUNTRY)			
17. INFORMANT <u>Sister Anne, R.N. Sup't.</u> , (ADDRESS) <u>St. Vincent's Sanitarium</u> .				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catoara</u> DATE <u>May 31 39</u>				
19. UNDERTAKER <u>Coffey & Kelly</u> , (ADDRESS) <u>1234 N. 1st St.</u>				
20. FILED <u>MAY 30 1939</u> <u>R. Meyer M.D.</u> (Address) <u>St. Vincent's Sanitarium</u> <u>St. Louis, MO</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1939, to May 30, 1939
 I last saw h.e.v. alive on May 29, 1939. Death is said to have occurred on the date stated above, at 445a.m.
 The principal cause of death and related causes of importance were as follows:

<u>Carcinosis of Liver</u>	Date of onset
<u>Chronic Cholecystitis & Cholelithiasis</u>	?
<u>Chronic Pancreatitis</u>	?

Other contributory causes of importance: 176

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? **Y.E.S.**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **No** Date of injury _____, 19____
 Where did injury occur? **None**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify _____
 (Signed) David Basham, M. D.
 (Address) St. Vincent's Sanitarium
St. Louis, MO

